

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>040924B5</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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50						
TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.	7							
TOTAL CLAIMS	57							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

57/3